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CONFIRMATION NO. 7120

<b>SERIAL NUMBER</b> 10/815,170	<b>FILING OR 371(c) DATE</b> 03/31/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 21819-205U	
<b>APPLICANTS</b> Daniel Nahon, Ottawa, CANADA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** SMALL ENTITY ** ** 06/10/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allowance <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Examiner's Signature <i>Roy D. Gibson</i> Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 31292					
<b>TITLE</b> Method and apparatus for preventing atrial fibrillation					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		